Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TJ Factora Care Home	CHAPTER 100.1
Address: 830 2nd Street Pearl City, Hawaii 96782	Inspection Date: August 8, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\boxtimes	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 1 DID YOU CORRECT THE DEFICIENCY?	
	FINDINGS "Nystatin 1000000 unit/mL suspension take 5ml by mouth fourt times per day retian in mouth as long as possible" ordered on 5/30/19 admission order sheet. And "Melatonin 3mg take 1 tab by mouth at bedtime as needed". However, not transcribed to medication administration record (MAR) from 6/1/19 through 8/8/19. No discharge order available for review.	J SECURED THE DEFICIENCY J SECURED THE DEFICIENCY J SECURED THE DEFICIENCY J SECURED THE DEFICIENCY J SECURED THE Physician's perder to discontinue The medications Medications Medications Medications Medications and Medications and Medications and Medications and Tablet. The perder was received on 8/14/19. (see attached copy of Physician/APRN Record.)	
		CO C	.19 NB 30 ZI 26

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 2 <u>FUTURE PLAN</u>	
	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure that it doesn't fappen again, I made a reminder tool "IMPORTAN REMINDERS" under the #4 Medication broken Treatment on the ARCH Resident admission (Readmission Checklist and was in corporated accordingly. (see attached pld + new checklist) This new checklist is available for use from now on as a guide and reminder whenever a new admission or re-admission com in the ARCH. So That in the future I will always use the reminder took will always use the reminder took the physician and transcribe accurring the Medication administration the	Lit 19 ME 311 J
	(MAR) & making sure The MAR reflects a what the physician ordered.	orrectly

Licensee's/Administrator's Signature:	Mactora	····
Print Name:	TESSIE J. FACTORA	
Date:	8/30/19	

19 AUG 30 M1 26